



KENNEBUNKPORT SEWER DEPARTMENT

CHANGE OF ADDRESS REQUEST

Date: _____ Account Number: _____

Name: _____

Property Location: _____

CURRENT ADDRESS ON ACCOUNT:

Address: _____

NEW ADDRESS ON ACCOUNT:

Address: _____

ADDITIONAL INFORMATION:

Phone Number: _____

Fax Number: _____

Email Address: _____

Requested by: _____

Send completed form to:

Kennebunkport Sewer Department

P.O. Box 1038

Kennebunkport, ME 04046

Fax: (207) 967-5372

Email: nevangelista@kennebunkportme.gov